



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**D119-796-021**  
**Job Sheet 190010**



008571

Part No: D119-796-021

Job Qty: 1 pcs

Part Name: AW119 Standard Landing Gear Assembly - Standard OEM Protection



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 2/4/19

Job Tracking No:

Due Date: 4/12/19

Created By: Jesse White

Type: SOLD

Description:

Note: DWG D119-796-021 REV A, IIN-D119-796 REV F IPP REV:A NEW ISSUE 15-05-012 JLM VERIFIED BY:DD  
IPP REV:B 15.08.25 AS PER IIN REV:E DD VERF:JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op<br>No | Operation              | Qty      | Start Date | Due<br>Date | Standard     |            | Workcenter/Supplier   |              | Sign-off |
|----------|------------------------|----------|------------|-------------|--------------|------------|-----------------------|--------------|----------|
|          |                        |          |            |             | Setup<br>Hrs | Run<br>Hrs | Workcenter / Supplier | Lead<br>Time |          |
| 100      | Packaging 1 - Pick Kit | 1<br>pcs |            | 4/12/19     | 0.00         | 0.00       | Packaging 1 - 1       |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 2       |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 3       |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 4       |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 5       |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 6       |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 7       |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 8       |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 9       |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 10      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 11      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 12      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 13      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 14      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 15      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 16      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 17      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 18      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 19      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 20      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 21      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 22      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 23      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 24      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 25      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 26      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 27      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 28      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 29      |              |          |
|          |                        |          |            |             |              |            | Packaging 1 - 30      |              |          |

DAS  
58 APR 09 2019  
9-89

Plex 2/4/19 10:15 AM dart.white.jesse

Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------|--|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div> |                                            |              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sequence #: _____                                                                                                                 | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | MRB (QSI042) |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Disposition</b>                         |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Completed By</b><br><br>_____           |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Lead hand / Supervisor</b><br><br>_____ |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>QC / QA Coordinator</b><br><br>_____    |              |  |
| <b>Root Cause</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Operator <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Presservation <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Human Factors <input type="checkbox"/> </div> <div> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> <div> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |                                                                                                                                   | Other/Details:<br><br><div style="height: 100px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |              |  |



|                                    |       |         |           |  |                           |                         |
|------------------------------------|-------|---------|-----------|--|---------------------------|-------------------------|
|                                    |       |         |           |  | Packaging 1 - 31          |                         |
|                                    |       |         |           |  | Packaging 1 - 32          |                         |
|                                    |       |         |           |  | Packaging 1 - 33          |                         |
|                                    |       |         |           |  | Packaging 1 - 34          |                         |
|                                    |       |         |           |  | Packaging 1 - 35          |                         |
|                                    |       |         |           |  | Packaging 1 - 36          |                         |
|                                    |       |         |           |  |                           |                         |
| 110 Handfinish - 4-1-Assembly-B4B  | 1 pcs | 4/12/19 | 0.00 6.25 |  | Handfinish - 4 - 1 - B4B  |                         |
|                                    |       |         |           |  | Handfinish - 4 - 10 - B4B |                         |
|                                    |       |         |           |  | Handfinish - 4 - 11 - B4B | DAS 58 APR 12 2019 9-89 |
|                                    |       |         |           |  | Handfinish - 4 - 12 - B4B |                         |
|                                    |       |         |           |  | Handfinish - 4 - 13 - B4B |                         |
|                                    |       |         |           |  | Handfinish - 4 - 14 - B4B |                         |
|                                    |       |         |           |  | Handfinish - 4 - 15 - B4B |                         |
|                                    |       |         |           |  | Handfinish - 4 - 2 - B4B  |                         |
|                                    |       |         |           |  | Handfinish - 4 - 3 - B4B  |                         |
|                                    |       |         |           |  | Handfinish - 4 - 4 - B4B  |                         |
|                                    |       |         |           |  | Handfinish - 4 - 5 - B4B  |                         |
|                                    |       |         |           |  | Handfinish - 4 - 6 - B4B  |                         |
|                                    |       |         |           |  | Handfinish - 4 - 7 - B4B  |                         |
|                                    |       |         |           |  | Handfinish - 4 - 8 - B4B  |                         |
|                                    |       |         |           |  | Handfinish - 4 - 9 - B4B  |                         |
|                                    |       |         |           |  |                           |                         |
| 120 QC 5                           | 1 pcs | 4/12/19 | 0.00 0.00 |  | QC 5 - 10                 |                         |
|                                    |       |         |           |  | QC 5 - 12                 |                         |
|                                    |       |         |           |  | QC 5 - 17                 |                         |
|                                    |       |         |           |  | QC 5 - 18                 |                         |
|                                    |       |         |           |  | QC 5 - 19                 |                         |
|                                    |       |         |           |  | QC 5 - 22                 |                         |
|                                    |       |         |           |  | QC 5 - 24                 |                         |
|                                    |       |         |           |  | QC 5 - 3                  |                         |
|                                    |       |         |           |  | QC 5 - 38                 |                         |
|                                    |       |         |           |  | QC 5 - 42                 |                         |
|                                    |       |         |           |  | QC 5 - 43                 |                         |
|                                    |       |         |           |  | QC 5 - 49                 |                         |
|                                    |       |         |           |  | QC 5 - 51                 |                         |
|                                    |       |         |           |  | QC 5 - 58                 |                         |
|                                    |       |         |           |  | QC 5 - 68                 | APR 15 2019 DAS 68 9-89 |
|                                    |       |         |           |  | QC 5 - 9                  |                         |
|                                    |       |         |           |  | QC 5 - 50                 |                         |
|                                    |       |         |           |  | QC 5 - 30                 |                         |
|                                    |       |         |           |  |                           |                         |
| 125 Packaging 1-1 - Pick Kit - B4B | 1 pcs | 4/12/19 | 0.00 0.00 |  | Packaging 1 - 1 - B4B     | DAS 46 APR 15 2019 9-89 |
|                                    |       |         |           |  | Packaging 1 - 2 - B4B     |                         |
|                                    |       |         |           |  | Packaging 1 - 3 - B4B     |                         |
|                                    |       |         |           |  | Packaging 1 - 4 - B4B     |                         |
|                                    |       |         |           |  | Packaging 1 - 5 - B4B     |                         |
|                                    |       |         |           |  | Packaging 1 - 6 - B4B     |                         |
|                                    |       |         |           |  | Packaging 1 - 7 - B4B     |                         |
|                                    |       |         |           |  | Packaging 1 - 8 - B4B     |                         |
|                                    |       |         |           |  | Packaging 1 - 9 - B4B     |                         |
|                                    |       |         |           |  | Packaging 1 - 10 - B4B    |                         |
|                                    |       |         |           |  | Packaging 1 - 11 - B4B    |                         |
|                                    |       |         |           |  | Packaging 1 - 12 - B4B    |                         |
|                                    |       |         |           |  | Packaging 1 - 13 - B4B    |                         |
|                                    |       |         |           |  | Packaging 1 - 14 - B4B    |                         |
|                                    |       |         |           |  | Packaging 1 - 15 - B4B    |                         |

Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div> |  |                        |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sequence #: _____                                                                                                                 | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | MRB (QSI042)           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator    |  |
| <b>Root Cause</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Operator <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Presservation <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Human Factors <input type="checkbox"/> </div> <div> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> <div> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |                                                                                                                                   | Other/Details: _____<br><br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                        |  |



|                                 |          |         |           |                        |  |
|---------------------------------|----------|---------|-----------|------------------------|--|
|                                 |          |         |           | Packaging 1 - 16 - B4B |  |
|                                 |          |         |           | Packaging 1 - 17 - B4B |  |
|                                 |          |         |           | Packaging 1 - 18 - B4B |  |
|                                 |          |         |           | Packaging 1 - 19 - B4B |  |
|                                 |          |         |           | Packaging 1 - 20 - B4B |  |
|                                 |          |         |           | Packaging 1 - 21 - B4B |  |
|                                 |          |         |           | Packaging 1 - 22 - B4B |  |
|                                 |          |         |           | Packaging 1 - 23 - B4B |  |
|                                 |          |         |           | Packaging 1 - 24 - B4B |  |
|                                 |          |         |           | Packaging 1 - 25 - B4B |  |
|                                 |          |         |           | Packaging 1 - 26 - B4B |  |
|                                 |          |         |           | Packaging 1 - 27 - B4B |  |
|                                 |          |         |           | Packaging 1 - 28 - B4B |  |
|                                 |          |         |           | Packaging 1 - 29 - B4B |  |
|                                 |          |         |           | Packaging 1 - 30 - B4B |  |
|                                 |          |         |           | Packaging 1 - 31 - B4B |  |
|                                 |          |         |           | Packaging 1 - 32 - B4B |  |
|                                 |          |         |           | Packaging 1 - 33 - B4B |  |
|                                 |          |         |           | Packaging 1 - 34 - B4B |  |
|                                 |          |         |           | Packaging 1 - 35 - B4B |  |
|                                 |          |         |           | Packaging 1 - 36 - B4B |  |
| 127 QC 4                        | 1<br>pcs | 4/12/19 | 0.00 0.00 | QC 4 - 26              |  |
|                                 |          |         |           | QC 4 - 28              |  |
|                                 |          |         |           | QC 4 - 38              |  |
|                                 |          |         |           | QC 4 - 42              |  |
|                                 |          |         |           | QC 4 - 58              |  |
|                                 |          |         |           | QC 4 - 6               |  |
|                                 |          |         |           | QC 4 - 69              |  |
|                                 |          |         |           | QC 4 - 9               |  |
|                                 |          |         |           | QC 4 - 46              |  |
| 130 Packaging 3-1 - Stock - B4B | 1<br>pcs | 4/12/19 | 0.00 0.00 | Packaging 3 - 1 - B4B  |  |
|                                 |          |         |           | Packaging 3 - 2 - B4B  |  |
|                                 |          |         |           | Packaging 3 - 3 - B4B  |  |
|                                 |          |         |           | Packaging 3 - 4 - B4B  |  |
|                                 |          |         |           | Packaging 3 - 5 - B4B  |  |
|                                 |          |         |           | Packaging 3 - 6 - B4B  |  |
|                                 |          |         |           | Packaging 3 - 7 - B4B  |  |
|                                 |          |         |           | Packaging 3 - 8 - B4B  |  |
|                                 |          |         |           | Packaging 3 - 9 - B4B  |  |
|                                 |          |         |           | Packaging 3 - 10 - B4B |  |
|                                 |          |         |           | Packaging 3 - 11 - B4B |  |
|                                 |          |         |           | Packaging 3 - 12 - B4B |  |
|                                 |          |         |           | Packaging 3 - 13 - B4B |  |
|                                 |          |         |           | Packaging 3 - 14 - B4B |  |
|                                 |          |         |           | Packaging 3 - 15 - B4B |  |
|                                 |          |         |           | Packaging 3 - 16 - B4B |  |
|                                 |          |         |           | Packaging 3 - 17 - B4B |  |
|                                 |          |         |           | Packaging 3 - 18 - B4B |  |
|                                 |          |         |           | Packaging 3 - 19 - B4B |  |
|                                 |          |         |           | Packaging 3 - 20 - B4B |  |
|                                 |          |         |           | Packaging 3 - 21 - B4B |  |
|                                 |          |         |           | Packaging 3 - 22 - B4B |  |
|                                 |          |         |           | Packaging 3 - 23 - B4B |  |
|                                 |          |         |           | Packaging 3 - 24 - B4B |  |
|                                 |          |         |           | Packaging 3 - 25 - B4B |  |
|                                 |          |         |           | Packaging 3 - 26 - B4B |  |
|                                 |          |         |           | Packaging 3 - 27 - B4B |  |
|                                 |          |         |           | Packaging 3 - 28 - B4B |  |
|                                 |          |         |           | Packaging 3 - 29 - B4B |  |

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APR 15 2019

APR 15 2019

Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                        |  |
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| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                      |  |                        |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sequence #: _____                                                                                                                 | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | MRB (QSI042)           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Completed By           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Lead hand / Supervisor |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | QC / QA Coordinator    |  |
| <b>Root Cause</b><br><br><div style="display: flex;"> <div style="flex: 1;">           Operator <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Presservation <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Human Factors <input type="checkbox"/> </div> <div style="flex: 1;"> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> </div> |                                                                                                                                   | <b>FAULT CATEGORY</b><br><br><div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div style="flex: 1;"> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div style="flex: 1;"> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |  |                        |  |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                        |  |



|                |     |         |           |                        |  |
|----------------|-----|---------|-----------|------------------------|--|
|                |     |         |           | Packaging 3 - 30 - B4B |  |
|                |     |         |           | Packaging 3 - 31 - B4B |  |
|                |     |         |           | Packaging 3 - 32 - B4B |  |
|                |     |         |           | Packaging 3 - 33 - B4B |  |
|                |     |         |           | Packaging 3 - 34 - B4B |  |
|                |     |         |           | Packaging 3 - 35 - B4B |  |
|                |     |         |           | Packaging 3 - 36 - B4B |  |
| 140 QC 21 - FG | 1   | 4/12/19 | 0.00 0.00 | QC 21 - FG - 21        |  |
|                | pcs |         |           | QC 21 - FG - 70        |  |
|                |     |         |           | QC 21 - FG - 53        |  |

Part Op **100** - Pick Kit - Photocopy bluefile and create labels as per PPP D119-796-021 chg 003/ D119-646-041 paperwork  
 Descriptions: **110** - ASSEMBLE AS PER DWG AND NOTES 8,9,10,11 ASSEMBLE WITH PROSEAL BATCH: \_\_\_\_\_ 2-INSTALL  
 DECAL D2729-4  
**120** - QC5- Inspect part completeness to step on W/O  
**125** - Pick Kit  
**127** - QC4- 100% Inspect kits for completeness  
**130** - Identify and pack for shipping as per PPP D119-796-021 Location: \_\_\_\_\_ PPP Rev: \_\_\_\_\_  
**140** - QC21- Final Inspection - Work Order Release

## Job BOM

| Part / Item    | Component Name                                           | Quantity       | Operation                          | Container |
|----------------|----------------------------------------------------------|----------------|------------------------------------|-----------|
| AN3C46A        | Bolt                                                     | 8 Ea (8 ea)    | 100-Packaging 1 - Pick Kit         | 5142486   |
| AN3C50A        | Bolt                                                     | 16 Ea (16 ea)  | 100-Packaging 1 - Pick Kit         | 5109956   |
| AN4C6A         | Bolt                                                     | 24 Ea (24 ea)  | 100-Packaging 1 - Pick Kit         | 5100397   |
| D2652          | Bushing                                                  | 48 pcs (48 ea) | 100-Packaging 1 - Pick Kit         | 5136053   |
| D3407-041      | Tow Ring                                                 | 2 pcs (2 ea)   | 100-Packaging 1 - Pick Kit         | 5152624   |
| D3417-5        | Washer                                                   | 4 pcs (4 ea)   | 100-Packaging 1 - Pick Kit         | 5142087   |
| D3456-1        | Washer                                                   | 2 pcs (2 ea)   | 100-Packaging 1 - Pick Kit         | 5079335   |
| D3672-3        | Washer, Phenolic                                         | 48 pcs (48 ea) | 100-Packaging 1 - Pick Kit         | 5131565   |
| D3672-7        | Washer, Phenolic                                         | 48 pcs (48 ea) | 100-Packaging 1 - Pick Kit         | 5131568   |
| D3883-1        | Saddle, Outboard LH                                      | 2 pcs (2 ea)   | 100-Packaging 1 - Pick Kit         | 5122698   |
| D3883-2        | Saddle, Outside RH                                       | 2 pcs (2 ea)   | 100-Packaging 1 - Pick Kit         | 5123880   |
| D3884-1        | Saddle, Inside LH                                        | 2 pcs (2 ea)   | 100-Packaging 1 - Pick Kit         | 5142246   |
| D3884-2        | Saddle, Inside RH                                        | 2 pcs (2 ea)   | 100-Packaging 1 - Pick Kit         | 5143415   |
| D3886-041      | Lug Assembly                                             | 4 pcs (4 ea)   | 100-Packaging 1 - Pick Kit         | 5114667x3 |
| MS21043-3      | Nut                                                      | 24 Ea (24 ea)  | 100-Packaging 1 - Pick Kit         | 5149141   |
| MS21043-4      | Nut                                                      | 26 Ea (26 ea)  | 100-Packaging 1 - Pick Kit         | 5149143   |
| MS21043-5      | Nut                                                      | 8 Ea (8 ea)    | 100-Packaging 1 - Pick Kit         | 5094519   |
| MS21250-05048  | Bolt (Use Ms21250-05-048)                                | 8 Ea (8 ea)    | 100-Packaging 1 - Pick Kit         | 5143719   |
| MS21920-28     | Clamp                                                    | 2 Ea (2 ea)    | 100-Packaging 1 - Pick Kit         | 5123440   |
| NAS1149C0332R  | Washer                                                   | 24 Ea (24 ea)  | 100-Packaging 1 - Pick Kit         | 5143145   |
| NAS1149C0432R  | Washer                                                   | 48 Ea (48 ea)  | 100-Packaging 1 - Pick Kit         | 5103990   |
| NAS1149C0532R  | Washer                                                   | 16 Ea (16 ea)  | 100-Packaging 1 - Pick Kit         | 5106882   |
| 139x89x35crate | Agusta Crate                                             | 1 pcs (1 ea)   | 100-Packaging 1 - Pick Kit         | 5145535   |
| D119-646-041   | AW119 Replacement Skidtube with Wearpads - Fits LH or RH | 2 Ea (2 ea)    | 110-Handfinish - 4-1- Assembly-B4B | 5150713   |
| D119-796-151   | Fwd Crosstube Installation With Step (No Hardware)       | 1 Ea (1 ea)    | 110-Handfinish - 4-1- Assembly-B4B | 5133491   |
| D119-796-251   | Aft Crosstube Installation With Step (No Hardware)       | 1 Ea (1 ea)    | 110-Handfinish - 4-1- Assembly-B4B | 5170455   |
|                |                                                          |                |                                    | 5170371   |

5146081

Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                        |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sequence #: _____                                                                                                                 | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | MRB (QSI042)           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Completed By           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Lead hand / Supervisor |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | QC / QA Coordinator    |  |
| <b>Root Cause</b><br><br><div style="display: flex; flex-direction: column; align-items: flex-start;"> <div>Operator <input type="checkbox"/></div> <div>Manufacturing Process <input type="checkbox"/></div> <div>Equip/Tooling <input type="checkbox"/></div> <div>Handling/Preservation <input type="checkbox"/></div> <div>Material <input type="checkbox"/></div> <div>Product Improvement <input type="checkbox"/></div> <div>Process Improvement <input type="checkbox"/></div> <div>Human Factors <input type="checkbox"/></div> </div> |                                                                                                                                   | <b>FAULT CATEGORY</b><br><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> <div style="width: 50%;"> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div style="width: 50%;"> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div style="width: 50%;"> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |  |                        |  |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |



| Job Allocations                    |                |          |           |           |
|------------------------------------|----------------|----------|-----------|-----------|
| Operation                          | Component Part | Required | Inventory | Allocated |
| 100-Packaging 1 - Pick Kit         | 139x89x35crate | 1        | 9         | 0         |
|                                    | AN3C46A        | 8        | 253       | 0         |
|                                    | AN3C50A        | 16       | 90        | 0         |
|                                    | AN4C6A         | 24       | 536       | 0         |
|                                    | D2652          | 48       | 545       | 0         |
|                                    | D3407-041      | 2        | 28        | 0         |
|                                    | D3417-5        | 4        | 37        | 0         |
|                                    | D3456-1        | 2        | 164       | 0         |
|                                    | D3672-3        | 48       | 10,904    | 0         |
|                                    | D3672-7        | 48       | 981       | 0         |
|                                    | D3883-1        | 2        | 15        | 0         |
|                                    | D3883-2        | 2        | 13        | 0         |
|                                    | D3884-1        | 2        | 11        | 0         |
|                                    | D3884-2        | 2        | 4         | 0         |
|                                    | D3886-041      | 4        | 19        | 0         |
|                                    | MS21043-3      | 24       | 1,390     | 0         |
|                                    | MS21043-4      | 26       | 1,550     | 0         |
|                                    | MS21043-5      | 8        | 114       | 0         |
|                                    | MS21250-05048  | 8        | 0         | 0         |
|                                    | MS21920-28     | 2        | 66        | 0         |
|                                    | NAS1149C0332R  | 24       | 5,027     | 0         |
|                                    | NAS1149C0432R  | 48       | 1,493     | 0         |
|                                    | NAS1149C0532R  | 16       | 348       | 0         |
| 110-Handfinish - 4-1-Assembly-B4B  | D119-646-041   | 2        | 1         | 0         |
|                                    | D119-796-151   | 1        | 0         | 0         |
|                                    | D119-796-251   | 1        | 0         | 0         |
| Part Specifications                |                |          |           |           |
| Specifications could not be found. |                |          |           |           |

Plex 2/4/19 10:15 AM dart.white.jesse

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APR 15 2019

Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/>                                                          | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                                           |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                            | <div style="float: right; text-align: right;"> <b>MRB (QSI042)</b><br/><br/> <b>Completed By</b><br/><br/> <b>Lead hand / Supervisor</b><br/><br/> <b>QC / QA Coordinator</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                                                                                                                                           |
| Description: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                                                                                                                                           |
| <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p style="font-size: small;">Dart Aerospace Ltd.<br/>1270 Aberdeen Street<br/>Markham, ON L6A 1K7<br/>CANADA<br/>TEL: 1 813 632-5200<br/>Email: sales@dartaero.com<br/>www.dartaerospace.com</p> </div> <div style="flex: 1; text-align: center;"> <br/> <b>Container No: S170942</b><br/> <b>Part: D119-796-021</b><br/> <b>Job No: 190010</b><br/> <b>Serial No/Batch: S170942</b><br/>           Revision: A / F<br/>           Inspector:<br/>           Exp Date:<br/>           Instructions: TC STC SH14-45 - Issue 1, FAA STC SR0350.         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                                                                                                                                           |
| <b>Root Cause</b><br><br><div style="display: flex;"> <div style="flex: 1;">           Operator <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Presservation <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Human Factors <input type="checkbox"/> </div> <div style="flex: 2;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave/Twist <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/> </td> <td style="width:50%; vertical-align: top;">           Broken/Damage/Defect <input type="checkbox"/><br/>           Incomplete/Unclear Instructions <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/> </td> </tr> <tr> <td colspan="2" style="height: 100px; vertical-align: top;">           Other/Details: _____         </td> </tr> </table> </div> </div> |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  | Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave/Twist <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/><br>Mislabeled <input type="checkbox"/> |
| Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave/Twist <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/><br>Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Broken/Damage/Defect <input type="checkbox"/><br>Incomplete/Unclear Instructions <input type="checkbox"/><br>Drill Holes <input type="checkbox"/><br>Fit/Function <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                                                                                                                                           |
| Other/Details: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                                                                                                                                           |
| <div style="display: flex; justify-content: space-between;"> <div>           Surge <input type="checkbox"/><br/>           n <input type="checkbox"/> </div> <div>           Grain Direction <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set/Set-up <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Tolerance <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Misread <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                                                                                                                                           |



## Change Record

PAGE 1 OF 1

Part Number: D119-796-021

Description: STD LANDING GEAR ASSEMBLY w/ STD WEARPAD PROTECTION

[illegible]